

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091693647
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2				1		1	52						
3				1		1	53						
4			1		1		54						
5			1		1		55						
6				1		1	56						
7				3		3	57						
8				3		3	58						
9				3		3	59						
10				3		3	60						
11				3		3	61						
12				3		3	62						
13				3		3	63						
14				3		3	64						
15				3		3	65						
16				3		3	66						
17				3		3	67						
18				3		3	68						
19				3		3	69						
20			1		1		70						
21				1		1	71						
22				1		1	72						
23			1		1		73						
24			1		1		74						
25				1		1	75						
26				3		3	76						
27				3		3	77						
28				3		3	78						
29				3		3	79						
30				3		3	80						
31				3		3	81						
32				3		3	82						
33				3		3	83						
34				3		3	84						
35				3		3	85						
36				3		3	86						
37				3		3	87						
38				3		3	88						
39				3		3	89						
40				3		3	90						
41				3		3	91						
42				3		3	92						
43				3		3	93						
44				3		3	94						
45				3		3	95						
46				3		3	96						
47				3		3	97						
48				3		3	98						
49				3		3	99						
50				3		3	100						
TOTAL IND.			6		6		TOTAL IND.						
TOTAL DEP.			69		63		TOTAL DEP.						
TOTAL CLAIMS			75		69		TOTAL CLAIMS						

BEST AVAILABLE COPY